

Castle Peak Hospital  
青山醫院

**Deceased Patient's Medical Report / Medical Records / Information Application Form**  
**親屬申請死者的醫療報告 / 醫療記錄 / 資料表格**

**Personal Information Collection Statement 收集個人資料聲明**

Please read the following **BEFORE** you provide any personal data to us:  
在向本院提供任何個人資料之前，請先閱讀以下內容：

1. **Purpose of Collection 收集資料的目的**

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application.  
醫院管理局 (下稱「醫管局」)，包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be declined.  
當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

2. **Disclosure of Personal Data 透露個人資料**

Please also note that your personal data collected may be made available to:

- appropriate persons in the HA, for the purposes of processing and responding to your application; and
- third parties where such disclosure is permitted or required by law or is in the public interest.

請留意你的個人資料可能會提供予：

- 醫管局內的適當人士，以處理及回覆本申請之目的；及
- 在法律容許或要求的情況下或出於公共利益的情況下的第三方

We will obtain your consent before using your personal data for any other purposes.  
我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

3. **Data Access / Correction Requests 查閱 / 改正資料要求**

If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please contact the relevant data controller during office hours at: 24868538

如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內與有關的資料控制員聯絡：24567890

4. **Enquiries 查詢**

Enquiries concerning this application should be addressed to:

Medical Records Unit, G/F, Wisdom House (Block D), Castle Peak Hospital, 15 Tsing Chung Koon Road, Tuen Mun, N.T.

有關本申請的查詢，應送交：新界屯門青松觀路15號 青山醫院匯智樓 (D座) 地下，醫療紀錄組

**Part 1 Particulars of Deceased****第1部 死者資料**

- (a) Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
姓名 (英文) Surname 姓氏 Forename 名字 (中文)
- (b) Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
性別 男 女 年齡 出生日期
- (c) Nature of Identity Document and Number: \_\_\_\_\_  
身份證明文件類別及號碼

# **Please produce in person the original or provide a true copy of the Deceased's identity document and Death Certificate. Please attach a copy of the Deceased's birth certificate if under 18 years of age.**  
**請親身出示死者的身份證明文件及死亡證明書正本或提交真確副本。如死者年齡未滿十八歲，請附上其出生證明書副本。**

**Part 2 Nature of Application****第2部 申請性質**

- (a) ☐ Deceased's Medical Report 死者的醫療報告 (c) ☐ Confirmation of hospital fee 確認已繳付的住院費  
(b) ☐ Deceased's Medical Records 死者的醫療記錄 (d) ☐ Others 其他 – please specify 請註明: \_\_\_\_\_

**Particulars**

詳情

- (e) Purpose of this Application 申請目的:  
☐ Insurance claim 保險索償 ☐ Legal proceedings 擬進行法律程序 ☐ Personal reference 個人紀錄  
☐ Others – please specify 其他(請註明): \_\_\_\_\_
- (f) Period: from \_\_\_\_\_ to \_\_\_\_\_  
期間: 由 至
- (g) Specialty: \_\_\_\_\_  
專科

**Part 3 Particulars of Applicant****第3部 申請人資料**

Name: \_\_\_\_\_  
姓名

Correspondence Address: \_\_\_\_\_  
通訊地址

Tel.No.: \_\_\_\_\_  
電話號碼

HKID No.: \_\_\_\_\_  
身份證號碼

Relationship with the Deceased: \_\_\_\_\_  
與死者關係

# **Please produce in person the original or provide a true copy of the identity document of the Applicant.**  
**請親身出示申請人的身份證明文件正本或提交真確副本。**

# **Please also attach a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.**  
**請一併附上能證明申請人與死者之間關係的證件真確副本。**

Please indicate the capacity in which you are applying for the Deceased's Medical Report / Medical Records / Information:-

請註明你以何種身份申請死者的醫療報告 / 醫療記錄 / 資料：-

- ☐ I am an executor with grant of probate [please refer to Part 4(a)]  
本人是遺囑執行人(獲授予遺囑認證書) [請參閱第4(a)部]
- ☐ I am an executor appointed by the deceased's last valid will but without grant of probate [please refer to Part 4(b)]  
本人是死者最後有效遺囑委任之遺囑執行人(無授予遺囑認證書) [請參閱第4(b)部]
- ☐ I am appointed as an administrator by letters of administration [please refer to Part 4(c)]  
本人獲遺產管理書委任為遺產管理人 [請參閱第4(c)部]
- ☐ I am a direct relative<sup>1</sup> of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate [please refer to Part 5(a)]  
本人是死者的直系親屬<sup>1</sup>，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人 [請參閱第5(a)部]
- ☐ I am **not** a direct relative of the Deceased but another person who is direct relative of the Deceased, and has a beneficial interest in the estate of the Deceased, has applied or intends to apply to the court to be appointed as administrator of the Deceased's estate [please refer to Part 5(b)]  
本人**不是**死者的直系親屬，然而另一名死者的直系親屬，對死者遺產有實益權益(下稱「該名人士」)，且該名人士已向法院申請或打算向法院申請成為死者的遺產管理人 [請參閱第5(b)部]
- ☐ None of the above [please refer to Part 5(c)]  
以上皆不是 [請參閱第5(c)部]

#### **Part 4 With a Personal Representative<sup>2</sup>**

#### **第4部 適用於有遺產代理人<sup>2</sup>**

**Please attach any one of (a) to (c) below as the case may be:**

**請按適用情況而夾附以下 (a) 至 (c) 中的任何一項：**

- (a) **a copy of the grant of probate and the original written consent by the executor named in the grant of probate; or**  
**遺囑認證授予書副本以及該遺囑認證授予書所指定的遺囑執行人的書面同意正本；或**
- (b) **a copy of all relevant paragraphs of the last valid will of the Deceased showing that an executor is appointed under that will and the original written consent by the executor so appointed and your written confirmation that the copy provided is of the Deceased's last valid will and, to the best of your knowledge, there is no dispute regarding the appointment of that executor; or**  
**死者的最後有效遺囑所有相關段落的副本以顯示該遺囑委任了遺囑執行人，以及該遺囑執行人的書面同意正本，並附上你的書面確認，證明所提供的副本為死者的最後有效遺囑，且據你的認知，對於該遺囑執行人的委任不存在任何爭議；或**

<sup>Note 1</sup> Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

<sup>註 1</sup> 包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女(或死者去世之前的任何已故子女的子女，如適用)，(iii) 父母，(iv) 兄弟姊妹(或死者的任何已故兄弟姊妹的子女，如適用)，(v) 叔伯舅父及姑媽姨媽(或死者去世之前的任何已故叔伯舅父及姑媽姨媽的子女，如適用)。

<sup>Note 2</sup> Personal Representative means a person who is (i) recognised as an executor by a grant of probate; (ii) appointed as an executor under the deceased patient's last valid will but not yet recognised by a grant of probate; or (iii) appointed as an administrator by letters of administration.

<sup>註 2</sup> 遺產代理人是指 (i) 被遺囑認證授予書認可為遺囑執行人的人；(ii) 依已故病人的最後有效遺囑被委任為遺囑執行人，但尚未授予遺囑認證的人；或 (iii) 透過遺產管理書委任為遺產管理人的人。

- (c) **copy of the letters of administration and the original written consent by the administrator named in such letters of administration.**  
遺產管理書副本以及該管理書指定為遺產管理人的書面同意正本。

**Part 5 Without a Personal Representative**

**第5部 適用於沒有遺產代理人**

**Please attach the documents required under scenarios (a) or (b) or (c) as the case may be:**  
請按 (a) 或 (b) 或 (c) 項所適用的情況而夾附下列文件：

- (a) If you are a direct relative of the Deceased who have applied or intend to apply to administer the Deceased's estate: -  
如果你是死者的直系親屬，並已申請或打算申請管理死者的遺產：-

**Please provide (i) and (ii) below:**

請提供下列 (i) 及 (ii) 項：

- i. **your written consent to the disclosure; and**  
你就相關披露的書面同意；以及
- ii. **a written confirmation made by you in the form as set out in Annex 1.**  
你按附件一形式所作出的書面確認。

- (b) If you are **not** a direct relative of the Deceased but the Deceased's direct relative has applied or intends to apply to administer the Deceased's estate: -  
如果你不是死者的直系親屬，但死者的直系親屬已申請或打算申請管理死者的遺產：-

**Please provide (i) to (iv) below:**

請提供下列 (i) 至 (iv) 項：

- i. **a written consent by the direct relative to the disclosure;**  
死者直系親屬就相關披露的書面同意；
- ii. **a written confirmation made by the direct relative in the form as set out in Annex 1;**  
死者直系親屬按附件一形式所作出的書面確認；
- iii. **produce in person the original or provide a true copy of the identity document of the direct relative; and**  
親自出示其直系親屬的身份證明文件正本或提交真確副本；以及
- iv. **a copy of the documentary evidence to support the relationship between the direct relative and the Deceased.**  
可證明死者與其直系親屬關係的文件副本。

- (c) If scenarios (a) and (b) above are not applicable, please provide:  
如上述 (a) 及 (b) 項情況並不適用，請提供：

- i. **written consents to the disclosure from every person who could potentially be involved in a dispute regarding the Deceased's estate, which should include:**  
每位可能涉及死者遺產爭議人士就相關披露的書面同意，該類人士應包括：
  - **every direct relative of the Deceased;**  
死者的每一位直系親屬；
  - **any other person who is appointed in the Deceased's will as an executor, or otherwise claims to be so appointed; and**  
任何在死者的遺囑中被委任為遺囑執行人或以其他方式聲稱被委任為遺囑執行人的人士；以及
  - **any other person who has applied or intends to apply to court to be appointed as administrator of the Deceased's estate;**  
任何已申請或打算申請成為死者遺產管理人的人士；
- ii. **a written confirmation that, to the best of the knowledge of the Applicant, there is no other person in the above categories whose consent has not been obtained;**  
盡申請人所知，並沒有未向上述類別人士徵求其同意的書面確認；
- iii. **produce in person the original or provide a true copy of the identity document of each of the persons under item (i); and**  
親自出示項目 (i) 各人的身分證明文件正本或提交真確副本；以及
- iv. **a copy of the documentary evidence to support the relationship between each of the persons under item (i) and the Deceased.**

可證明死者與項目 (i) 各人關係的文件副本。

Consent & Declaration 同意及聲明

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical records / medical reports / information.

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第4A章) 第24號命令第7A條規則及《高等法院條例》(第4章) 第42條，或根據《區域法院規則》(第336H章) 第24號命令第7A條規則及《區域法院條例》(第336章) 第47B條法庭命令要求醫院披露死者之醫療紀錄 / 報告 / 資料。

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: \_\_\_\_\_  
日期

Signature of the Applicant: \_\_\_\_\_  
申請人簽署

**Part 6 Mode of Collection**

**第6部 領取的方式**

- ☐ **Collect in person – I understand and agree that if I do not collect the Personal Data within three months of being notified, the item(s) will be disposed without further notice.**  
親身到取 - 本人明白及同意，若本人於被通知可以領取資料後的三個月內，沒有領取資料，有關資料將會被銷毀而不另行通知。
- ☐ **By registered post to the correspondence address in Part 3**  
掛號寄出到第3部的通訊地址

**WRITTEN CONFIRMATION 書面確認書**

I, \_\_\_\_\_, of \_\_\_\_\_, hereby confirm that:  
[full name] [address]

本人 \_\_\_\_\_，現居於 \_\_\_\_\_，特此確認：  
[中文全名] [地址]

(a) I am the \_\_\_\_\_ of \_\_\_\_\_ (the “Deceased”);  
[relationship – e.g. spouse, child, etc.] [full name of the deceased]

本人是 \_\_\_\_\_ (下稱「死者」) 的 \_\_\_\_\_；  
[死者的中文全名] [關係 – 例如：配偶，子女等]

(b) I have a beneficial interest in the Deceased’s estate;  
本人對死者遺產有實益權益；

(c) to the best of my knowledge, the Deceased’s estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance;  
盡本人所知，死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人；

(d) I [have applied / intend to apply]\* to the court to be appointed as administrator of the Deceased’s estate;  
本人 [已向法庭申請 / 打算向法庭申請]\* 成為死者的遺產管理人；

(e) to the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority to be appointed as administrator of the Deceased’s estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and  
盡本人所知，按《無爭議遺囑認證規則》第21條所訂明的優先次序，死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人；以及

(f) to the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased’s estate.  
盡本人所信，沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。

AND I declare that the information given in this confirmation is true, correct and complete to the best of my knowledge, information and belief.

本人現聲明據本人所知、所悉及所信，本確認書內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: \_\_\_\_\_  
日期

Signature of the Declarant: \_\_\_\_\_  
聲明人簽署

\* Please delete the inappropriate 請刪去不適用字句

## **Explanatory notes on Application for Deceased Patient's Medical Report / Information**

### **死者的醫療報告 / 資料申請須知**

1. A minimum fee of HK\$1,100 per Medical Report per specialty, with a maximum fee of HK\$4,400. HK\$300 will be charged for EACH Information Application.  
醫療報告的收費為每一科每一個醫療報告收費港幣\$1,100，最多收取\$4,400；每份資料的收費為港幣\$300。
2. All crossed cheques / cashier orders should be made payable to "HOSPITAL AUTHORITY".  
所有劃線支票及本票請於抬頭寫上「醫院管理局」。
3. The completed medical report / information will be either sent to the Applicant by post or collected in person by the Applicant. Please mark clearly in Part '6' of the application form for the mode of collection. If you wish the report / information to be collected by other representatives, please provide a separate written authorization.  
醫療報告/資料可郵遞給申請人或由申請人自行領取，請在申請表內第「6」部份清楚註明。如欲由其他人領取醫療報告/資料，請另外書面授權。
4. If fail to indicate the mode of collection, the Personal Data will be sent by registered mail.  
如果沒有指示領取的方式，資料會以掛號郵件寄遞。
5. To enable us to process your application, please fill in relevant parts of the application form accurately and submit all necessary documents.  
請據實填寫申請表內相關的部份及遞交所需之文件，以便處理閣下的申請。
6. If you withdraw your application on your own accord, the fees paid will not be refunded regardless of whether the report(s)/information is / are completed / available or not.  
申請者如因個人理由撤銷申請，無論報告/資料是否完成或齊備，已繳付費用概不發還。
7. The Medical Report/Information will be disposed without further notice if applicant does not collect it within 3 months after being informed that the Medical Report/Information is ready for collection. The Medical Report/Information sent by registered mail is undelivered and returned by the Post Office, it will be disposed 3 months after it is returned by the Post Office without any further or prior notice.  
若被通知可以領取資料後的三個月內，沒有領取資料，有關資料會將被銷毀而不另行通知。以掛號郵件寄遞的醫療報告/資料，因未能寄遞而被郵局退回，會於郵局退回郵件的三個月後，銷毀有關資料，無須事前另行通知。
8. In general, upon receiving the completed application form with required supporting documents, the medical report and medical information will be available in about 8 weeks. Longer processing time is required in special circumstances such as multi-specialties or multiple claim forms.  
一般情況下，已遞交所需文件之醫療報告申請或病人資料申請需約八個星期完成。如遇特別情況，或有申請涉及跨專科 / 多份醫療報告等狀況，則需要較長時間處理。
9. For enquiry, please contact our hospital at:  
Address: Medical Records Unit,  
G/F, Wisdom House (Block D),  
Castle Peak Hospital,  
15 Tsing Chung Koon Road, Tuen Mun, N.T.  
Office Hour: Monday - Friday: 9am – 5:30pm  
(Lunch time: 1pm – 2pm)  
Saturday, Sunday & Public Holiday: Closed  
Tel. no.: 2456 7889  
Fax. no.: 2463 6675  
如有查詢，請聯絡本院：  
地址：新界屯門青松觀路15號  
青山醫院匯智樓 (D座) 地下  
醫療紀錄組  
辦公時間：星期一至星期五: 上午 9 時至下午 5 時半  
(午膳時間：下午 1 時至 2 時)  
星期六、星期日及公眾假期: 休息  
查詢電話：2456 7889  
傳真號碼：2463 6675

**Explanatory notes on Application for Deceased's Medical Record**  
**死者的醫療記錄申請須知**

1. DAR Scale of Fees (Applicable from 1 January 2026):  
 「資料複本申請」收費表（2026 年 1 月 1 日開始適用）：

Paper based records 紙本紀錄

|                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Processing Fee:<br>處理費：                                                         | HK\$100 per request (includes reproduction charge of the first 10 pages and postage)<br>每次港幣 100 元（已包含首 10 頁的複製費及郵費） |
| Reproduction charge for the 11 <sup>th</sup> page and onward:<br>第十一頁及以後頁數的複製費： | HK\$1.5 per page<br>每頁港幣1.5元                                                                                         |

Non-paper based records 非紙本紀錄

|                                                                          |                                                                                    |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Processing Fee:<br>處理費：                                                  | HK\$100 per request<br>每次港幣 100 元                                                  |
| Reproduction charge for ECG, EEG or X-ray Film etc.:<br>心電圖、腦電圖、X光片等複製費： | HK\$300 per modality per disc<br>每種造影，每張光碟港幣300元<br>HK\$300 per film<br>每張底片港幣300元 |

2. All crossed cheques / cashier orders should be made payable to “HOSPITAL AUTHORITY”.  
 所有劃線支票及本票請於抬頭寫上「醫院管理局」。
3. Application form and supporting documents may be submitted in person or by post. For application submitted by post, please send payment in a crossed cheque made payable to the Hospital Authority. (Please do not send cash by mail)  
 申請表格(正本)以及有關證明文件可經郵遞或親自呈交。如選擇郵寄申請，請以劃線支票遞交費用，並在支票抬頭寫明「醫院管理局」收。（注意:請勿投寄現金）
4. If the total charge payable exceeds the processing fee of HK \$100, our hospital will notify the applicant to settle the charge. **The Medical Records will be released after the residual cost is settled.** The applicant can send the payment in a crossed cheque to our department or settle the payment at the Shroff:  
 如所需費用超出處理費（港幣\$100），本院會先以書面通知繳交所須費用。**請注意，餘款必須於醫療記錄發放前繳清。**餘款可以郵寄劃線支票至本部門或親臨本院繳費處繳交：

|              |                                                                                                                              |       |                                                                       |
|--------------|------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------|
| Address:     | Shroff Office, G/F, Wisdom House (Block D),<br>Castle Peak Hospital, No. 15 Tsing Chung Koon Road, Tuen Mun, New Territories | 地址：   | 新界屯門青松觀路15號<br>青山醫院匯智樓 (D座) 地下<br>繳費處                                 |
| Office Hour: | Monday - Friday: 8:45am – 5:48pm<br>(Lunch time: 1pm – 2pm)<br>Saturday, Sunday & Public Holiday: Closed                     | 辦公時間： | 星期一至星期五: 上午8 時45分至下午 5 時48分<br>(午膳時間：下午 1 時至 2 時)<br>星期六、星期日及公眾假期: 休息 |

After making the payment in person at the Shroff, please return the receipt along with the completed acknowledgement slip attached to the written notice to our department.  
 如親臨繳費處付款後，請將收據連同書面通知附頁的回條交回本部門。

5. If fail to indicate the mode of collection, the Medical Records will be sent by registered mail. The Medical Records will be disposed without further notice if applicant does not collect it within 3 months after being informed that the data is ready for collection. The Personal Data sent by registered mail is undelivered and returned by the Post Office, it will be disposed 3 months after it is returned by the Post Office without any further or prior notice.

如果沒有指示領取醫療記錄的方式，資料會以掛號郵件寄遞。若被通知可以領取資料後的三個月內，沒有領取資料，有關資料將會被銷毀而不另行通知。以掛號郵件寄遞的個人資料，因未能寄遞而被郵局退回，會於郵局退回郵件的三個月後，銷毀有關資料，無須事前另行通知。

- |    |                                                                                                                                     |                                                                        |
|----|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 6. | For enquiry, please contact our hospital at:                                                                                        | 如有查詢，請聯絡本院：                                                            |
|    | Address: Medical Records Unit,<br>G/F, Wisdom House (Block D),<br>Castle Peak Hospital,<br>15 Tsing Chung Koon Road, Tuen Mun, N.T. | 地址：新界屯門青松觀路15號<br>青山醫院匯智樓 (D座) 地下<br>醫療紀錄組                             |
|    | Office Hour: Monday - Friday: 9am – 5:30pm<br>(Lunch time: 1pm – 2pm)<br>Saturday, Sunday & Public Holiday: Closed                  | 辦公時間：星期一至星期五: 上午 9 時至下午 5 時半<br>(午膳時間：下午 1 時至 2 時)<br>星期六、星期日及公眾假期: 休息 |
|    | Tel. no.: 2456 7890                                                                                                                 | 查詢電話：2456 7890                                                         |
|    | Fax. no.: 2463 6675                                                                                                                 | 傳真號碼：2463 6675                                                         |